

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

404013010150

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: ABARR SERVICES INC.
BUSINESS STREET ADDRESS: 1575 S.W. 115TH AVE DAVIE ZIP 33325
BUSINESS MAILING ADDRESS: SAME ZIP _____
BUSINESS PHONE: 954-382-2058
DESCRIBE TYPE OF BUSINESS: TREE TRIMMING
BUSINESS IS: Corporation X Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Les H. Gale</u>	<u>1575 S.W. 115TH AVE</u>	<u>DAVIE FL 33325</u>	
2. _____			<u>954-382-2058</u>

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, _____, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

<u>Les H. Gale</u>	<u>L. H.</u>
Print Owner or Officers Name and Title	Signature of Owner or Officer

Office Use Only: Date <u>5/13/02</u> Category <u>DB600</u> Fee Exempt per Sec. 13-13 _____ Fee <u>22.05</u> Rec# _____	
License # <u>02 16777</u> Control # <u>13941</u>	New <input checked="" type="checkbox"/> Trans <input type="checkbox"/>
Council approval Required <u>X</u> Yes _____ No _____	Zoning <u>R-1</u>
Town Council Date _____	Zoning Approval <u>gub</u> Date <u>5/14/02</u>
Tabled To _____	Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION